

State of Michigan  
**Department of Civil Service**  
400 South Pine Street  
P.O. Box 30002  
Lansing, Michigan 48909

**REQUEST FOR PAY APPROVAL**  
**FOR SES/SEMAS AND ECP GROUP 4 PERFORMANCE-PAY PROGRAM**

☐ **Appointment** A signed and dated performance plan has been completed for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

☐ **Performance Review** A signed and dated performance evaluation for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ and new performance standards for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ have been completed.

☐ **Other** (Explain) \_\_\_\_\_

**Department (Process Level)**

**Position Code**

**Employee's Name**

**Employee Identification Number**

**Classification/Level (Core Position Title)**

**Current Pay Rate** (or pay  
in previous position)

**Proposed Pay Rate**

**Proposed Effective Date**

**Next Review Date**

**Performance Rating**

- ☐ Needs Improvement  
☐ Meets Expectations  
☐ High Performing/Exceeds Expectations

**Merit Increase Recommended**

Base Pay Increase \$ \_\_\_\_\_ %

Lump Sum Bonus \$ \_\_\_\_\_ %

**Signature:** I certify that the above information is correct and that all documentation required by the regulation on Performance-Pay Programs has been completed and is available for audit purposes.

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date